

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

08/696 986

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		4		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15		1		1			65						
16		1		1			66						
17		1	1				67						
18		1		1			68						
19		1		1			69						
20		2	1				70						
21		2		1			71						
22		2		1			72						
23		2		1			73						
24		(1)		1			74						
25		(1)		2			75						
26		(1)		2			76						
27		(1)		2			77						
28		5		5			78						
29		1		1			79						
30		(1)		6			80						
31		4		(1)			81						
32	1		1				82						
33		1		1			83						
34		1		1			84						
35		3		3			85						
36		3		3			86						
37		(1)		(1)			87						
38		(1)		(1)			88						
39	1		1				89						
40		1		1			90						
41		1		1			91						
42		1		1			92						
43		1		1			93						
44		1		1			94						
45		1		1			95						
46		1		1			96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			5				TOTAL IND.						
TOTAL DEP.			57				TOTAL DEP.						
TOTAL CLAIMS			102				TOTAL CLAIMS						